

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS			ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH		
1. PLACE OF DEATH			County <u>Graham</u> State <u>Ariz.</u>		State File No. <u>100</u>		
District or Township <u>Safford</u>			City <u>Safford</u> or Village		Registered No. <u>127</u>		
2. FULL NAME <u>Walltrade Ann Bilby</u>			(If death occurred in a hospital or institution, give its NAME instead of street and number).				
(a) Residence, No. <u>Religion Street</u>			St. <u></u> Ward <u></u>		(Usual place of abode)		
Length of residence in city or town where death occurred <u>14</u> yrs. mos. ds.			How long in U. S. if of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>		4. COLOR or RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>		16. DATE OF DEATH <u>Dec 9th 1927</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John Bilby</u>						17. I HEREBY CERTIFY, That I attended deceased from <u>Nov 27, 1927</u> to <u>Dec 9th 1927</u>	
6. DATE OF BIRTH (month, day and year) <u>July 7th 1885</u>						that I last saw her alive on <u>Dec 9th 1927</u>	
7. AGE		Years <u>42</u>	Months <u>5</u>	Days <u>2</u>	IF LESS than 1 day hrs. or min.		and that death occurred, on the date stated above, at <u>11 a. m.</u>
8. OCCUPATION OF DECEASED						The CAUSE OF DEATH ^a was as follows:	
(a) Trade, profession, or particular kind of work <u>Housewife</u>						<u>Bronchitis Pneumonia</u>	
(b) General nature of industry, business or establishment in which employed (or employer)						(duration) yrs. mos. ds. <u>12 ds.</u>	
(c) Name of employer						CONTRIBUTORY <u>Myocarditis</u> (Secondary)	
9. BIRTHPLACE (city or town) <u>Parowan</u> (State or country) <u>Utah</u>						(duration) yrs. mos. ds.	
10. NAME OF FATHER <u>Edson Whipple</u>						18. Where was disease contracted if not at place of death?	
11. BIRTHPLACE OF FATHER <u>Vermont</u> (city or town) (State or country)						Did an operation precede death? <u>No</u> Date of	
12. MAIDEN NAME OF MOTHER <u>Harriet Yeager</u>						Was there an autopsy? <u>No</u>	
13. BIRTHPLACE OF MOTHER <u>Penn</u> (city or town) (State or country)						What test confirmed diagnosis?	
14. Informant <u>Robert Bilby</u> (Address) <u>Parowan, Ariz.</u>						(Signed) <u>Dec 11th 1927, H. S. S. M. D.</u> <u>12/14/27</u> (Address) <u>Safford, Ariz.</u>	
15. Filed <u>Jan 8, 1928</u> <u>J. H. Stratton</u> Registrar <u>H. B. J.</u>						19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Ditcher</u>	
						20. UNDERTAKER <u>Ditcher</u>	
						DATE OF BURIAL <u>12/11/27</u>	
						ADDRESS <u>Ditcher</u>	